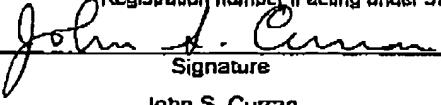


PTO/SB/22 (06-04)

Approved for use through 7/31/2006. OMB 0651-0091

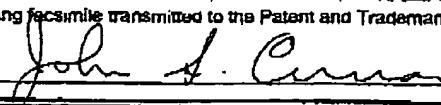
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) SCW-003RCE	
Application Number	09/835046-Conf. #5940	Filed	April 13, 2001
For A SYSTEM AND METHOD FOR PROVIDING EDUCATIONAL CONTENT OVER A NETWORK			
Art Unit	3713	Examiner	C. Saadat
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	Fee	Small Entity Fee	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$110.00	\$55.00	\$
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$430.00	\$215.00	\$ 215.00
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$980.00	\$490.00	\$
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1,530.00	\$765.00	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2,080.00	\$1,040.00	\$
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>12-0080</u> . I have enclosed a duplicate copy of this sheet.			
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input type="checkbox"/> attorney or agent of record. Registration Number _____ <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) <u>50,445</u>  <u>John S. Curran</u> _____ Typed or printed name _____			
October 5, 2004 Date _____ (617) 227-7400 Telephone Number _____			
NOTE: Signatures of all inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.			
<input type="checkbox"/> Total of <u>1</u> forms are submitted			

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (703) 872-9306, on the date shown below.

Dated: October 5, 2004

Signature: 

(John S. Curran)